## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/56738/ APPLICANT(S)

FILING DATE

				•			CLAIN	MS		·	<del></del>	<del></del>	<u> </u>	
	AS FILED		AFTER I AMENDMENT		AFTER 2 MAMENDMENT		]	Ī	ASI	AS FILED		AFTER		TER
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	· · · · · · · · · · · · · · · · ·	DEP.		INDMENT
1							j	51	1112.	I DEX.	I IIID.	DEP.	IND.	DEP
3	ļ		ļ		<del> </del>		ļ	52	-					
4		新					ł	53 54		ļ	ļ	<u> </u>		
.5		Ď						55	<u> </u>					
6 7	-	0						56						
8		10						57 58		<u> </u>				
9		-6-						59	<b></b>					
10		8						60						
12		65						61	-}					
13				. /				63	1					
14 15		8						64						
16		77)						65						
17		<u> </u>						66 67	<del>  </del>					
18 19		0		_/_				68			<del>-</del>		·	
20		8		/{				69						
21		8						70 71	<del> </del>					
22 23		$\mathcal{C}$						72						<del></del>
24		8						73						
25								74 75	╂					
26 27		0						_76						
28		8		<del></del>				77						
29		8		-/-			ŀ	78 79	<del>  </del>					
30 31							ľ	80						
32	<del>+</del>							81						
33							ŀ	82 83	<del>  </del>		<u>:</u>			•
34							ı	84		∦				<del></del>
35 36								85						
37							.  -	86 87						
38						•		88	-					
39 40	<del></del>				<del></del> -			89						_
41							-	90 91			-			
42							.  -	92	<del> </del> -					
43								93						
45							·	94						
46							}	95 96						
47								97						
49							F	98						
50							.	99 100						
TOTAL IND.	T	₽		4		1	F	TOTAL	<del></del>	-	<del></del>			
TOTAL O	<del>29</del>	4	 19 .				-	IND.		♬┡		<b>,</b>		♣.
TOTAL	30	100	20				F	DEP. TOTAL		100 450	Fee:			<b>1</b>
	15					4		CLAIMS						
PTO - 1360 (	KEV. 11/04)							<del></del>			ENT of COM emark Office	MERCE		